

**Integrated Assessment Schedule
SMART/IAS Data Descriptions**

Field Name	Field Description	Field Choices	Explanation/Notes
SMART ID	Automated Tracking number	Automated	
Item/Assessment Type	Type of assessment which may relate to purpose or origination of assessment	Audit	
		Effectiveness Review	
		External Review	
		Implementation Verification Review	
		Inspection	
		Onsite Review	
		Operational Awareness	
		Operational Readiness Review	
		Performance Evaluation	
		Program Review	
		Project Review	
		Readiness Assessment	
		Regulatory Oversight	
		Self-Assessment	
		Surveillance	
		Survey	
		Technical Assessment	
Summary/Title	Short, Clear subject or title for the assessment	Open text	
ORION ID	ORION's tracking number for this assessment	Created by ORION	assigned by ORION if assessment originated in ORION; copied manually into SMART
Description	This field can be used to provide more explanatory text regarding the nature and extent of the assessment	Open text	Comments regarding the status of the assessment report, including the expected approval date, can be added here after completion of the assessment
Division/Organization	Line Office Responsible for Location Being Assessed	None	
		AMSO	
		ASO	
		BHSO	
		BSO	
		FSO	
		ORO-AD	
		ORO-CC	

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		ORO-EM	
		ORO-FM	
		ORO-MO	
		ORO-NE	
		ORO-NS	
		ORO-OS	
		ORO-SC	
		ORO-SE	
		PNSO	
		PSO	
		SC-CH	
		SC-HQ	
		SC-HQ-ASCR	
		SC-HQ-BER	
		SC-HQ-BES	
		SC-HQ-FES	
		SC-HQ-HEP	
		SC-HQ-NP	
		SSO	
		TJSO	
Areas/Program	Program/Functional area under which the review falls	None	
		Bus. Ops-Human Resources	
		Bus. Ops-Financial Management	
		Bus. Ops-Procurement and Contract Management	
		Bus. Ops-Small Business	
		Conduct of Operations	
		Criticality Safety	
		Cyber Security	
		Emergency Management	
		Environment, Safety and Health-Environmental	
		Environment, Safety and Health-Facility Safety	
		Environment, Safety and Health-Fire Protection	
		Environment, Safety and Health-Industrial Hygiene	

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		Environment, Safety and Health-Industrial Safety	
		Environment, Safety and Health-Radiation Protection	
		ISM- General	
		Maintenance	
		Other	
		Packaging and Transportation	
		Program Management	
		Project Management	
		Quality Assurance	
		Safeguards and Security/ISSM	
		Multiple	Choice of Multiple Programs
Planned Start Date	Date that the field work for the assessment is currently planned to begin	month/day/year	For upcoming FY use proposed dates. For FY+1, use proposed dates or quarter (i.e. 10/1/XX to 12/31/XX), for FY+2 use proposed dates, quarter, or year if applicable (i.e. 10/1/XX to 9/30/XX+1)
Planned Completion Date	Date that the field work for the assessment is currently planned to end	month/day/year	For upcoming FY use proposed dates. For FY+1, use proposed dates or quarter (i.e. 10/1/XX to 12/31/XX), for FY+2 use proposed dates, quarter, or year if applicable (i.e. 10/1/XX to 9/30/XX+1)
Actual Start Date	Actual date of initiation of the field work	month/day/year	Required to be entered after completion of assessment
Actual Completion Date	Actual date of completion of the field work	month/day/year	Required to be entered after completion of assessment
Last Performed	Date of last assessment of this type performed for this site	open text	(date, month, quarter, etc.)
Driver, Directive or Regulation	Applicable DOE Order, Notice, Manual, or Guide; or other Federal Regulation	open text	
Sponsor	Assessment directed by DOE field element line management, DOE HQ line management, or DOE organization that does not have line management responsibility for the management of the activity (independent).	open text	

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Local Point of Contact	Name of DOE organization and/or individual conducting or coordinating review	open text	
ISC or Other Support Needed	Identify whether support from outside your organization will be needed to support the assessment	yes / no	
Type of Support Needed	Identify specific area of expertise needed	open text	
Amount of Support Needed	Identify approximate number of labor hours of support that will be needed	number	
Supporting Office	Indicate the office that will provide support	CH / OR	
Support Provider	Indicate the person (if known) or organization that will provide the support		
Support Confirmed	The supporting organization provides confirmation that the support requested will be provided (or not)	yes / no / tentative	
Part of the SC Integrated Assessment Schedule?	Indicate whether this assessment should be included in the SC quarterly reports	yes / no	IAS may be used to plan <i>other</i> assessment information that need not be included in the SC IAS
Created	Original data entry date/time	automated	date and time
Updated	Last update to SMART date/time	automated	date and time
Originator	Name of individual who entered the assessment into SMART	automated	
Status	Current status of the assessment	Open / Closed	Status is automatically originated as "Open" by the system when the assessment is entered; should be changed to "Closed" upon completion of assessment - after the final report is attached (usually by the Originator)
Comments	Can be added any time after the original data entry	Open text	Comments can be added to explain changes or add information

=automated field
 =mandatory field